

MISSISSIPPI HOME CORPORATION
Research and Development Division
 735 Riverside Drive
 Jackson, Mississippi 39202

Project Name _____

Project Contract # _____

CHANGE ORDER # _____

Homeowner's Name: _____ Property Address: _____

Name of Contractor: _____ Rehabilitation Contract Dated: _____

The following change(s) is/are authorized to the above identified Rehabilitation Contract:

Item	Original Cost	Description of Change	Increase/Decrease Cost	Reason for Change
TOTAL				

Initial Contract Amount \$ _____
 Plus or Minus Previously Approved Change Orders \$ _____
 Plus or Minus Change Order Requested \$ _____
 Total New Contract Amount \$ _____

Prepared by: _____
 Project Administrator Date _____

Signed: _____
 Homeowner Date _____

 Contractor Date _____

 MHIB Rehab Inspector Date _____

 Chief Elected Official Date _____

Approved: _____
 Housing Rehabilitation Officer Date _____

MHC/Grant Recipient may require, at anytime, detailed cost breakdown to support the approval of a change order.